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21069 7590 10/20/2003

AMGEN INCORPORATED
 MAIL STOP 27-4-A
 ONE AMGEN CENTER DRIVE
 THOUSAND OAKS, CA 91320-1799



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Christina A. Gutierrez (Depositor's name)
 Christina A. Gutierrez (Signature)
 January 14, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/182,183	05/23/1994	LEU-FEN H. LIN	SYNE225/C4-U	8424

TITLE OF INVENTION: GLIAL CELL LINE DERIVED NEUROTROPHIC FACTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	01/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAYES, ROBERT CLINTON	1647	435-069400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert L. Sharp
 2 Ron K. Levy
 3 Stuart Watt

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Amgen Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Thousand Oaks, CA 91320

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☐ Issue Fee
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☒ Advance Order - # of Copies 15

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 02 FC:8001 45.00 DA

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